

Public Health Administration
Large Conference Room
2240 E. Gonzales, 2nd Floor
Oxnard, CA 93036

Pre-hospital Services Committee
Agenda

June 9, 2011
9:30 a.m.

I.	Introductions
II.	Approve Agenda
III.	Minutes
IV.	Medical Issues
A.	AHA 2010 CPR/ECC Guidelines
B.	Other
V.	New Business
A.	Policy 1135: Paramedic Program Approval – C. Rosa
B.	Other
VI	Old Business
A.	Impedance Threshold Device/King Airway Study Report– D. Chase
B.	Other
VII.	Informational Topics
A.	1402: Trauma Review Committee
B.	1404: Guidelines for Interfacility Transfer of Patients to a Trauma Center
C.	1407: Code Trauma”: Emergent Transfer of Patients with Critical Trauma to Trauma Center
D.	Other
VIII.	Policies for Review
A.	Policy 110: County Ord. No. 4099 Ambulance Business License Code
B.	Policy 111: Ambulance Company Licensing Procedure
C.	Policy 319: Paramedic Preceptor
D.	Policy 321: Mobile Intensive Care Nurse: Authorization Criteria
E.	Policy 322: Mobile Intensive Care Nurse: Reauthorization Requirements
F.	Policy 324: Mobile Intensive Care Nurse: Authorization Reactivation
G.	Policy 622: ICE - In Case of Emergency for Cell Phones
H.	Policy 1001: EMT-P/BH Communication Record
I.	Policy 1105: MICN Developmental Course and Exam
J.	Policy 1130: Advanced Life Support Continuing Educations Lectures
K.	Policy 1131: Field Care Audit
L.	Policy 1132: Continuing Education: Attendance Roster
M.	Other
IX.	Reports
	TAG Report
X.	Agency Reports
A.	ALS Providers
B.	BLS Providers
C.	Base Hospitals
D.	Receiving Hospitals
E.	ALS Education Programs
F.	Trauma System Report
G.	EMS Agency
H.	Other
XI.	Closing



TEMPORARY PARKING PASS

Expires June 9, 2011

Health Care Services
2240 E. Gonzales Rd
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, **EXCLUDES** Patient parking areas

Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location

If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

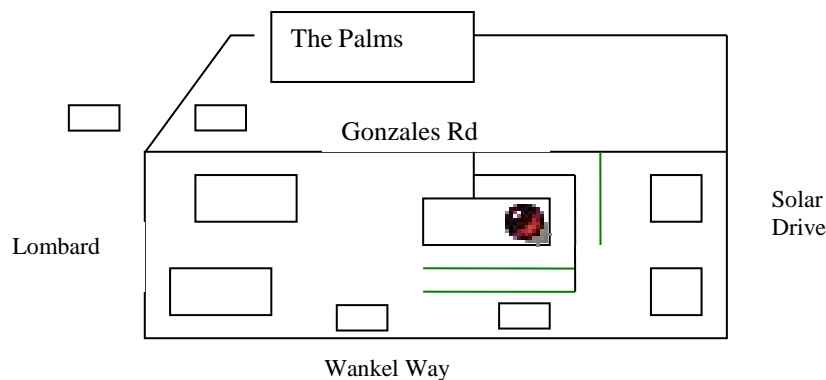
2100 Solar Drive

An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

The Palms - shopping mall

Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

Additional parking is available on side streets, Lombard, Solar and Wankel Way.



Topic	Discussion	Action	Assigned
I. Introductions	New People: Debbie Licht LR new PCC Karen Beatty, new ED Mgr VCMC and SP Karen Holt represent for kb		
II. Approve Agenda	Addition to agenda – neonatal resuscitation discussion		
III. Minutes		It was M/S/C (M. Mundell/N. Merman) to approve the minutes as submitted.	
IV. Medical Issues			
A. Cardiac Arrest Improvement 2010	CARES database - in 2010 we had a 12.2 survival and witnessed rate. This is the best year so far.		
B. AHA 2010 CPR/ECC Guidelines	Dr. Salvucci announced that Sterling Johnson will be conducting the EMS CPR audit and will be coming to individual stations. Please make sure the crews are aware. When ART/BART training is completed we will make the rest of changes for 2010		
C. Policy 717: Intraosseous Infusion	Old and new are included as showing the track changes made the new policy confusing to review. Discussion: 1. Should proximal humeral be used as the second insertion option? <ul style="list-style-type: none"> • Feel should start with tibia. Most EMS agency do not use humeral. • Feel should use tibia site only. Humeral is not the preferred site. • The other problem is training approximately 250 medics and 	Tibia IO approved. Second site will be reviewed if problems with first site. Lidocaine will be reviewed by AS and he will make a decision. EMS is looking at purchasing the initial stock of 2 each of the 3 sizes for all paramedic units (100 units across the county). Hoping to get stock by 6/1 and providers will be responsible for restock.	Approved with changes.

Topic		Discussion	Action	Assigned
		maintaining competency for a low use high risk procedure. <ul style="list-style-type: none"> • Knee vs. shoulder use. Would like to see shoulder remain as second site. • Lidocaine – ineffective. Used for pain management. • Manual needles were discussed. 	Training will more than likely be a train the trainer and the manufacturer will conduct the training. Procedure part of this policy will be removed when the EMS procedure manual is completed. Indication 4.a.1 add - altered or in extremis.	
D.	Policy 705.07: Cardiac Arrest Asystole	Suggested changes for CPR withdrawn.	IO and Atropine are the only changes. Sustained ROSC – 30 seconds added.	Policy approved with the exception of the CPR changes.
E.	Policy 705.08: Cardiac Arrest/VF	Amiodarone was discussed and it would need to have State EMSA approval prior to use/trial study. Hypothermia - neurologically intact, needs to match what is defined by AHA.	CPR changes withdrawn. 30 seconds added in footnote.	Policy approved. Amiodarone will be placed on next month's agenda.
F.	705.09: Chest Pain	Not everyone with chest pain needs high flow O2. Pulse Ox for BLS shortness of breath use discussed. Will continue discussion. O2 sat discussion will continue. OFD does not have at this time SPA and VFF are using	AS will provide standard direction on teaching EMS Update for high flow oxygen. Add the sexually enhancing drug names.	Policy approved Amiodarone infusion/lidocaine infusion for agenda next month.
G.	705.23: Supraventricular Tachycardia			Tabled – part of Amiodarone discussion
H.	705.02: Allergic Reaction/Anaphylaxis	Discussion: <ul style="list-style-type: none"> • Epi pen with hives 	Standardized dose for Epi.	Approved

Topic	Discussion	Action	Assigned
	<ul style="list-style-type: none"> Signs of shock for use of Epi pen. 		
I. Policy 705...Neo Natal resuscitation		<p>No suction unless secretions causing airway obstruction. Room air until 90 seconds of CPR and bradycardia still exists.</p> <p>Change – baby and mother skin to skin contact unless otherwise indicated.</p>	Approved with change
J. Pediatric Equipment		Neonatal BP cuffs. Committee is not in favor of adding this item.	Will not be added.
V. New Business			
A. Policy 803 EMT AED Service Provider		Changes withdrawn	Policy will remain as is. Policy approved for review.
B. Policy 805: Medical Cardiac Arrest		Changes withdrawn 2005-2010 change approved	Policy will remain as is. Policy approved for review.
C. PSC Chair Nominating Committee		Dede Utley will remain chair for another year.	
VI Old Business			
A. Impedance Threshold Device/King Airway Study Report– D. Chase	King as primary airway, good hospital discharge. Continue looking at end tidal CO2. Trauma - King Tube is being used across the board. There is a big disparity of the number that paramedics who are required to intubate as opposed to other specialties.		
B. Policy 612: Emergency Responder Communicable Disease Exposure Notification and Procedure – S. Huhn	SH reviewed policy changes. Yellow gowns for known VRE exposure patients. Paramedics do not usually wear or change clothing after patients. Gown is usually on the patient.	Page 5, 7.a add if HIV positive patient high viral load. IC nurse terminology needs to be changed. Page 2, contact exposure needs to have an alpha letter.	Approved with changes
C. Policy 614: Spinal Immobilization – S. Lara-Jenkins	C. Panke reviewed policy changes. Penetrating wounds prehospital have taught non spinal immobilization.	E-mail suggestions for section A. to AS. Delete pain, add midline in III.B.1.	Policy tabled. Need a systems approach to policy. Will include prehospital and physician involvement/review from

Topic	Discussion	Action	Assigned
	Sub categories can be looked at for immobilizations with penetrating wound. Penetrating, unless a secondary indication, expedite transport Nexus vs. Canadian study discussed.	III.B add blunt after trauma Concern expressed from physician membership and trauma center. Trauma center protocols treatment.	prehospital to discharge. Sub committee will be put together.
D. Policy 1203			Approved
VII. Informational Topics			
A. Bulletin: Appropriate destination for sexual assault	Transport to closest available facility for treatment of immediate medical needs. Better for patient if no immediate medical needs to be transported to a safe harbor facility. Strike denies physical injuries from paragraph 3.		Bulletin will be posted to the EMS website and become part of EMS Update. Preservation of evidence should be discussed at EMS Update.
B. Policy 1407: Emergency Trauma Transfers – K. Haddock		4 code traumas so far. Encourage that there is reporting requirements.	
C. Other			
VIII. Policies for Review			
A. Policy 802			Approved
B. Policy 808			Approved
C. Other			
IX. Reports			
TAG Report	Status quo. STEMI false positives are decreasing dramatically. ALS CQI manual is being worked on. ART/BART moving forward		
X. Agency Reports			
A. ALS Providers	Academy being conducted both VCFD and VNC. Continuing with the ResQpod study through September 1 of this year. Call Linda Latham for supplies GCA – first field AED use a week ago. Initiated CPR and staff contacted 911,		

Topic	Discussion	Action	Assigned
	AED shock, not sure if pulses back. Patient on DOU floor at LRHMC GCA – GCA/AMR hired Susan Franks as CCT coordinator. Currently interviewing/hiring CCT staff.		
B. BLS Providers	VNC: Thanked Nikki Grimes for processing 300 EMT applications over the last couple weeks.		
C. Base Hospitals	No report		
D. Receiving Hospitals	No report		
E. ALS Education Programs	Interns are in the field. Ventura College students are required to have a minimum of 5 live Intubation prior to graduation. Meredith thanked all the hospitals for allowing this process.		
F. Trauma System Report	<p>Trauma databases are being moved to the EMS server. TEMS and TAC committees have been combined into TEMS. Policy 1402 is in comment period now. Trauma triage training distributed, trauma exam will be completed at EMS Update.</p> <p>Dr. Duncan: ATLS course is being offered in October and November of this year. Residents will be offered the course first. Discharge package has been completed for trauma patients. Dr. Waxman is now part of trauma committee in Ventura County and hope to streamline the review processes.</p>		
G. EMS Agency	<p>EPCR –Letter of intent will be issued tomorrow. Image Trend came out and gave a second presentation. Image Trend is the selected provider. Building of the system will involve provider as well as hospital representation. There will be a BLS and ALS Components. We are going to a paperless system. Registries will automatically be pushed into database eventually.</p> <p>MCI – May 11 MCI exercise: Letters to ER director and managers requesting two staff member participation in the drill. Reddinet will be utilized by all. Please RSVP by tomorrow.</p> <p>May 9-11: Public Health holding operation medical shelter. Alternate care site will be simulated. Education will be offered. Dan Wall is the exercise director. May 9th asking that hospital provides 2 staff for constructing of your hospital tents. May 10 asking for two staff to staff medical surge tent. May 11 exercise day two staff to work surge tent and treat volunteer patients. As a preparedness hospital, you need to participate or funding can be cut from you facility.</p>		

Topic	Discussion	Action	Assigned
	<p>EMEDS user – The CAG accounts for logging into EMEDS requires new logins and passwords for CAG part only. You should have received an individual e-mails with this information. For providers with individual accounts were given a max of 8.</p> <p>EMS construction project has started in anticipation to moving EPO to our office. Rest of EMS office is getting carpet and paint. Construction due to be completed by end of May.</p> <p>Hospital radios – This project is slowly moving forward. County IT surveyed hospitals and still trying to figure out best type of radio. The new radios will have more capability, but will be a backend process and will need to be stored in an IT closet for the brain of the radio and handset will be outside the closet.</p> <p>EMSAAC conference – Newport Beach this year, June 7-8, 12 hours CE.</p>		
H. Other			
XI. Closing	Adjourned at 12:30		

Respectfully submitted,

Debora Haney

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Training Program Approval		Policy Number 1135	
APPROVED: Administration: Barry R. Fisher, MPPA		Date: December 1, 2008	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: December 1, 2008	
Origination Date: October 20, 1993		Effective Date: December 1, 2008	
Date Revised: December 8, 2005			
Date Last Reviewed: October 9, 2008			
Next Review Date: October, 2011			

- I. PURPOSE: To define the procedure to be followed when applying for approval for a paramedic training program in Ventura County.
- II. AUTHORITY: Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100. California Code of Regulations, Title 22 Division 9, Section 100147.
- III. POLICY: The purpose of a paramedic training program shall be to prepare individuals to render prehospital advanced life support within an organized EMS system. The following procedure shall be followed when applying for approval for a paramedic training program approval.
- IV. DEFINITION(S): Paramedic Approving Authority means the local EMS agency. Title 22, California Code of Regulations (CCR), Section 100137.
- V. PROCEDURE:
 - A. Paramedic training shall be offered only by approved training programs. Eligibility for program approval shall be limited to the following institutions:
 1. Accredited universities and colleges, including junior and community colleges and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 2. Medical training units of a branch of the Armed Forces or Coast Guard of the United States.
 3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a basic or comprehensive emergency service pursuant to the provisions of Division 5,
 - b. Provide continuing education to other health care professionals, and care accredited by the Joint Commission on the Accreditation of

Healthcare Organizations or the Healthcare Facilities Accreditation
Program of the American Osteopathic Association.

4. Agencies of government.
- B. Application for Paramedic Training Program Approval
1. Eligible training institutions shall submit a written request for paramedic training program approval to the EMS agency. A paramedic training program approving authority may deem a paramedic training program approved that has been accredited by the CAAHEP upon submission of proof of such accreditation.
 2. The following materials must be submitted to the EMS agency unless CAAHEP accreditation and approved by the EMS Agency.
 - a. A statement verifying that the course content is equivalent to the U.S. Department of Transportation (DOT) Emergency Medical Technician-Paramedic National Standard Curriculum HS 808 862 March 1999..
 - b. An outline of course objectives
 - c. A detailed course outline. This outline must include all curricula outlined in 22 CCR 100159 as well as all mandatory training programs specified by the local EMS agency.
 - d. Performance objectives for each skill.
 - e. The name and qualifications and duty statement of the training program course director, program medical director, and principal instructor.
 - f. Provisions for supervised hospital clinical training.
 - 1) Training programs in non-hospital institutions shall enter into a written agreement with one or more licensed general acute care hospital(s), approved by the local EMS agency, which hold a permit to operate a Basic or Comprehensive Emergency Medical Service for the purpose of providing supervised clinical experience as well as clinical preceptors to instruct and evaluate the trainee. Final program approval will be withheld until such agreements are in place.
 - 2) The training program must not enroll any more students than the program can commit to providing a clinical internship to begin no later than thirty days after a student's completion of

the didactic and skills instruction portion of the training program. The course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g. student or preceptor illness or injury, student's military duty, etc).

- 3) The training program shall submit a sample of the clinical evaluation to be used by clinical preceptors to evaluate trainees.
- 4) The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the VCEMS medical director and the director and the director of the EMS Authority to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric and pediatric patients.

g. Provisions for supervised field internship

- 1) The training program shall enter into a written agreement with one or more Advanced Life Support providers, approved by the local EMS agency, for the purpose of providing supervised field internship experience as well as preceptors to instruct and evaluate the trainee. Preceptors shall meet criteria developed by the local EMS agency. Final program approval will be withheld until such agreements are in place.
- 2) The training program shall not enroll any more students than the training program can commit to providing a field internship to begin no later than ninety days after a student's completion of the hospital clinical education and training portion

- 3) The training program shall utilize the performance standards and internship evaluations developed and approved by the local EMS agency.
- h. The location at which the training program is to be offered and the proposed dates as well as the number of trainees to be accepted per class.
- i. A time analysis and sample schedule of each training phase (didactic, clinical, and internship).
- i. Student eligibility requirements and screening process for entrance into the program.
- j. Samples of instructor schedule for skills practices/laboratories.
3. Following submission and approval of the above materials, the EMS agency will review the following:
 - a. Samples of written and skills examinations used for periodic testing.
 - b. Final skills competency examination.
 - c. Final written examination.
 - d. Facilities, equipment, examination security, and student recordkeeping.
4. Training Program Staff Requirements
 - a. Medical Director: Each program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two years experience in prehospital care in the last five years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:
 - 1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.
 - 2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - 3) Approval of provision for hospital clinical and field internship experiences.
 - 4) Approval of principal instructors.

- b. Course Director: Each program course director shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one year experience in an administrative or management level position and have a minimum of three years academic or clinical experience in prehospital care education within the last five years. Duties of the course director shall include, but not be limited to:
- 1) Administration, organization and supervision of the educational program.
 - 2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum including instructional objectives, and approve all methods of evaluation
 - 3) Ensure training program compliance with this chapter and other related laws.
 - 4) Ensure that the preceptor(s) are trained according to the curriculum in VCEMS Policy 319.
- c. Principal Instructor: Each program shall have a principal instructor(s) who may also be the program medical director or course director if the qualifications in VB.2.d.1)-2) have been met who shall:
- 1) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California
 - 2) Have two years experience in advanced life support prehospital care and be knowledgeable in the course content of the U.S. Department of Transportation Paramedic National Standard Curriculum HS 808 862 March 1999 and

- 3) Have six years experience in an allied health field or related technology and an associate degree or two years experience in an allied health field or related technology and a baccalaureate degree.
- 4) Be responsible for areas including but not limited to curriculum development, course coordination and instruction.
- 5) Be qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty hours of instruction in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:
 - a) California State Fire Marshall (CSFM) "Fire Instructor 1A and 1B"
 - b) National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and
 - c) A course that meets the U.S. DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Education Course.
- d. Teaching Assistants: Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.
- e. Field Preceptors: Each program shall have preceptor(s) who shall:
 - 1) Be a licensed paramedic and
 - 2) Be working in the field as a licensed paramedic for the last two years and
 - 3) Be under the supervision of a principal instructor, the course director and/or the program medical director.
 - 4) Have completed the field preceptor training approved by VCEMS (VCEMS Policy 319).

- f. Hospital Clinical Preceptor(s): Each program shall have preceptor(s) who shall:
- 1) Be a physician, registered nurse or physician assistant currently licensed in the State of California.
 - 2) Have worked in emergency medical care for the last two years.
 - 3) Be under the supervision of a principal instructor, the course director, and/or the program medical director.
 - 4) Receive instruction in evaluating paramedic students in the clinical setting and shall include how to do the following in cooperation with the paramedic training program.
 - (a) Evaluate a student's ability to safely administer medications and perform assessment.
 - (b) Document a student's performance.
 - (c) Assess student behaviors using cognitive, psychomotor, and affective domains.
 - (d) Create a positive and supportive learning environment.
 - (e) Identify appropriate student progress.
 - (f) Counsel the student who is not progressing
 - (g) Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material

C. Program Approval/Disapproval

1. The materials submitted for program approval will be reviewed and evaluated EMS agency staff, an educator with a medical/nursing background and who is not associated with the submitting agency, an RN who is not associated with the submitting agency, and an MD who is not associated with the submitting agency.
2. Program approval or disapproval shall be made in writing by the EMS agency to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.

3. The EMS agency shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
4. Program approval shall be for four years following the effective date of approval and may be renewed every four years subject to the procedure for program approval specified in 22 CCR.
5. All approved programs shall be subject to periodic on-site evaluation by the EMS agency.
6. Paramedic training programs approved after January 1, 2000 shall submit their application, fee and self study to the Commission of Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for accreditation within 12 months of the start up of classes and receive and maintain Commission of Accreditation of Allied Health (CAAHEP) accreditation no later than two years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved paramedic training program.
 - a. Paramedic training programs approved according to the provisions of this Chapter shall provide the following information to all their paramedic training program applicants prior to the applicant's enrollment in the paramedic training program:
 - 1) Date by which the program must submit their application and self study for initial accreditation or their application for accreditation renewal to CoAEMSP.
 - 2) Date by which the program must be initially accredited or have their accreditation renewal by CAAHEP.
 - 3) Failure of the paramedic training program to submit their application and self study or their accreditation renewal to CoAEMSP by the date specified will result in closure of the paramedic training program approving authority unless an approved plan for meeting compliance is provided.
 - 4) Failure of the program to obtain or maintain CAAHEP accreditation by the required date will result in closure of the program by the approving authority unless an approved plan for meeting compliance is provided.

- 5) Students graduating from a paramedic training program that fails to apply for accreditation with, receive accreditation from, or maintain accreditation with, CAAHEP by the dates required will not be eligible for state licensure as a paramedic.
 - b. Paramedic training programs shall submit to their respective paramedic training program approving authority all documents submitted to, and received from CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self study for accreditation and the documents required for maintaining accreditation.
 - c. Paramedic training programs shall submit to the EMS Authority the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.
 - d. Approved programs shall participate in the emergency medical services system QIP.
- D. Denial or Withdrawal of Program Approval
1. Noncompliance with any criteria required for program approval, use of any unqualified teaching personnel or non compliance with any other applicable provision may result in denial, probation, suspension or revocation of program approval by the approving authority.
 - a. A training program approving authority shall notify the approved paramedic training program course director in writing, by certified mail, of the provisions with which the training program is not in compliance.
 - b. Within fifteen days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by certified mail to the approving authority the following:
 - 1) Evidence of compliance or
 - 2) A plan for meeting compliance with the provision within sixty days from the day of receipt of the notification of noncompliance
 - 3) Within fifteen days of receipt of the response from the training program or within thirty days from the mailing date of

the non compliance notification if no response is received from the program, the approving authority shall notify the EMS Authority and the training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the paramedic training program approval.

- 4) If the approving authority decides to suspend or revoke the training program approval, the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation, which may not be less than sixty days from the date of the paramedic training program approving authority's letter of decision to the EMS Authority and the training program.

E. Program Expansion

Approved paramedic training programs must request approval to add additional training classes or to enlarge class size. The training program must provide written confirmation guaranteeing clinical and internship placement as outlined in sections IV.B.2.e-f of this policy.

**Paramedic Training Program
Application Checklist**

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
1. Checklist for Paramedic Training Program Approval			
2. Written request to Paramedic Approving Authority requesting approval (100153)			
3. CoAEMSP/CAAHEP Accreditation (100148)			
4. Documentation of Eligibility for Program Approval (100148)			
5. Completed Application form for Program Approval (attached)			
6. Program Medical Director qualification form, and job description (10014 9(a))			
7. Program Course Director qualification form, and job description (10014 9(b))			
8. Program Principal Instructor(s) qualification form, and job description (10014 9(c))			
9. Teaching Assistant(s) (10014 9(d)) Submit Names and subjects assigned to each Teaching Assistant, qualifications, and job description. There shall be at least one teaching assistant for each six students in skills practice/laboratory settings.			
10. Field Preceptor(s) (10014 9(e)) Submit Name(s) of each field Preceptor, qualifications, and job description.			
11. Hospital Clinical Preceptor(s) (100151) Submit Name(s) of each Hospital Clinical Preceptor(s), qualifications, and job description.			
12. Copy of written agreements with (one or more) Base Hospital(s) to provide Clinical Experience (100151)			
13. Provisions for supervised hospital clinical training including student evaluation criteria, and copy of standardized forms for evaluating paramedic students			

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
and monitoring of preceptors by the training program. (100151)			
14. Copy of written agreement with (one or more) paramedic service provider(s) to provide field experience. 100152			
15. Provisions for supervised field internship including student evaluation criteria, and copy of standardized forms for evaluating paramedic students and monitoring of preceptors by the training program.			
16. Course Curriculum, including:			
a. Course Outline			
b. Statement of Course Objectives			
c. At least 6 sample lesson plans			
d. Performance objectives for each skill			
e. 3 samples of written and skills exams used in periodic testing			
f. Final Skills Exam			
g. Final Written Exam			
17. Copy of Course Outline, if different than course content outlined in 100159			
18. Class Schedules, places and dates. Estimate if necessary (100153)			
19. Copy of Course Completion Record (100161)			
20. Copy of Liability Insurance on students.			
21. Copy of Fee Schedule.			
22. Description of how program provides adequate facilities, equipment, examination security, and student recordkeeping. (100153)			

Materials to be Submitted (in the order listed)	Check One		For County Use Only
	Enclosed	To Follow	
23. If the course curriculum is not developed by the agency applying for program approval, submit written permission from the developer of the curriculum.			
24. Copy of Student Eligibility Document (100157)			
24. Statement verifying use of curriculum equivalent to US DOT Paramedic (HS808 862 March 1999) National Standard curriculum (100153).			

DRAFT

**COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES
PARAMEDIC TRAINING PROGRAM APPROVAL APPLICATION FORM**

Training Institution/Agency	
Name	
Address	
City/ZIP	
Contact Person	
Telephone Number	
Course Hours	
Total	
Didactic and Skills Lab	
Hospital Clinical Training	
Field Internship	
Personnel: Submit form for each person named.	
Course Director	
Program Medical Director	
Principal Clinical Preceptor	
Principal Field Evaluator	
Principal Instructors	
Teaching Assistants	

**COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES
PARAMEDIC TEACHING STAFF**

Check one Program Medical Director Teaching Assistant
 Course Director Principal Clinical Preceptor
 Principal Instructor Principal Field Evaluator

Name: _____

Occupation: _____

Professional/Academic Degrees Held:	Professional License/Certification Number(s):

Expiration Date of Certificate/License: _____

California Teaching Credentials Held:

Type:		Expiration Date:	
Type:		Expiration Date:	

Emergency Care Related Education within the last 5 years:

Course Title	School	Course Length	Date Completed

Approvals:

Program Medical Director	Date	Course Director	Date

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Review Committee		Policy Number 1402	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: July 1, 2011	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: July 1, 2011	
Origination Date: June 5, 2008			
Date Revised: June 2, 2011		Effective Date: July 1, 2011	
Date Last Reviewed: June 2, 2011			
Review Date: July 1, 2013			

- I. **PURPOSE:** To advise the EMS Medical Director on the establishment of trauma related policies, procedures, and treatment protocols. To advise the EMS Medical Director on trauma related education, training, quality improvement, and data collection issues. To establish the standard of quality for trauma care in Ventura County.
- II. **AUTHORITY:** Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. **POLICY:** The Ventura County Emergency Medical Services Agency (VC EMS) Medical Director shall appoint a Trauma Review Committee (TRC). The trauma care administered to patients of the Ventura County Trauma Care System will be reviewed for appropriateness and patient outcome by the TRC. The TRC is an advisory committee to VC EMS on issues related to trauma care. The TRC will function as a sub-committee within the VC EMS Continuous Quality Improvement (CQI) program.
- IV. **SCOPE OF AUDIT REVIEW:**
The scope of the review to be conducted by the committee will include, but not be limited to, a review of:
 - A. Trauma deaths, as determined by the VC EMS Medical Director.
 - B. Out-of-hospital trauma care.
 - C. Appropriateness of triage criteria and performance.
 - D. Hospital trauma care.
 - E. Patient outcome.

And to:

 - F. Provide input to VC EMS in:

1. Development, implementation, and evaluation of VC EMS audit criteria.
2. Defining the medical goals of the VC EMS Trauma Care System.

G. Identifying errors in medical care.

V. MEMBERSHIP:

The membership shall be broad based regionally and shall represent the participants in the Trauma Care System and the regional medical community.

- A. Ventura County EMS Medical Director,
- B. Ventura County EMS Agency Director, or designee,
- C. The chief of trauma services (or equivalent position) from each designated trauma center,
- D. A surgeon at non-trauma center receiving hospitals, appointed by the Ventura County EMS Medical Director after consultation with the chiefs of trauma services at the designated trauma centers,
- E. The chief of emergency services (or equivalent position) from each designated trauma center,
- F. An emergency physician at non-trauma center receiving hospitals, appointed by the Ventura County EMS Medical Director after consultation with the chiefs of emergency services at the designated trauma centers,
- G. The trauma program managers (or equivalent positions) from each designated trauma center,
- H. The Ventura County Medical Examiner or physician designee
- I. Other individuals who the Ventura County EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the Ventura County EMS Medical Director,
- J. Members from non-trauma centers must represent hospitals, which have agreed to provide data on trauma patients, as described by the Ventura County EMS Trauma Care System Plan.
- K. Term - 2 years - may renew with approval of chairperson.

VI. ATTENDANCE:

- A. Members will notify VC EMS staff in advance of any scheduled meeting they will be unable to attend.
- B. After two (2) absences in a calendar year, an appointed member may be terminated from the Committee.

- C. Resignation from the committee must be submitted, in writing, to the VC EMS Agency, and is effective upon receipt, unless otherwise specified.
- D. At the discretion of the TRC Chairperson other invitees may participate in the medical audit review of cases where their expertise is essential to make appropriate determinations. These invitees may include:
 - 1. Physician specialists not on the committee
 - 2. Base Hospital Nurse Coordinators
 - 3. Out-of-hospital Providers, i.e., Air Ambulance Providers, Emergency Medical Technicians and Paramedics.
 - 4. County Appointed Trauma System Evaluation Teams.

VII. VOTING:

Due to the "advisory" nature of the committee, many issues will require input rather than a vote process. Vote process issues will be identified as such by the Chairperson. When voting is required, the majority of the voting members of the committee need to be present.

VIII. MEETINGS:

The committee will meet at least four (4) times per year. The usual date will be the third Thursday of the month.

IX. MINUTES:

Due to the confidential nature of the committee business, minutes shall be distributed at the beginning of the meeting and collected at the close of each meeting. No copies may be made or possessed by members of the committee outside of the meeting.

X. CONFIDENTIALITY:

- A. All proceedings, documents, and discussions of the Trauma Review Committee are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the Committee will be applicable to all proceedings and records of this committee, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to, trauma care services. Issues requiring system input may be sent in total to the local EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may

only be present for the portions of meetings they have been requested to review or testify about.

- B. All members will sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through medical audit committee membership. Prior to the guest(s) participating in the meeting, the Chairperson is responsible for explaining, and obtaining, a signed confidentiality agreement from invited guests.

XI. TRAUMA AUDIT PROCESS:

Audit screens will be established by the committee to guide them in case review. In every case reviewed, the committee will make a finding of the appropriateness of the care rendered and will, where appropriate, make recommendations regarding changes in the system to ensure appropriate care.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Interfacility Transfer of Patients to a Trauma Center		Policy Number 1404	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: 07-01-2011	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 07-01-2011	
Origination Date: July 1, 2010		Effective Date: July 1, 2011	
Date Revised: June 2, 2011			
Date Last Reviewed: June 2, 2011			
Review Date: July 1, 2013			

- I. PURPOSE: To establish guidelines for the transfer of a trauma patient from a hospital in Ventura County to a Level II trauma center.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. POLICY: The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.
 - A. Life-threatening injuries to trauma center
 1. Carotid or vertebral arterial injury
 2. Torn thoracic aorta or great vessel
 3. Cardiac rupture
 4. Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
 5. Major abdominal vascular injury
 6. Grade IV, V or VI liver injuries
 7. Grade III, IV or V spleen injuries
 8. Unstable pelvic fracture
 9. Fracture or dislocation with neurovascular compromise
 10. Penetrating injury or open fracture of the skull
 11. Glasgow Coma Scale score <14 or lateralizing neurologic signs
 12. Unstable spinal fracture or spinal cord deficit
 13. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
 14. Open long bone fracture

15. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
 16. Any traumatic injury that meets criteria as a life-or-limb threatening injury as listed in VCEMSA Policy 1407, "Emergency Trauma Transfers"
- B. Ventura County Level II Trauma Centers:
1. Agree to immediately accept from Ventura County community hospitals, patients with conditions included in the guidelines above.
 2. Will publish a point-of-contact phone number for an individual authorized to accept the transfer of a patient with a condition included in the guidelines above, or to request consultation with a trauma surgeon.
 3. Will establish a written interfacility transfer agreement with every hospital in Ventura County.
- C. Community Hospitals:
1. Are not required to transfer patients with conditions included in the guidelines above to a trauma center when resources and capabilities for providing care exist at their facility.
 2. Will enter into a written interfacility transfer agreement with every trauma center in Ventura County.
- D. A transfer from a community hospital to a trauma center for a patient with a condition NOT included in the guidelines above shall be arranged per VCEMS Policy 605: "Interfacility Transfer of Patients."
- E. An emergent transfer will be arranged as a Code Trauma, per VCEMS Policy 1407: "Emergency Trauma Transfers."

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Trauma Transfers		Policy Number 1407	
APPROVED: Administration: Steven L. Carroll, EMT-P		Date: July 1, 2011	
APPROVED: Medical Director: Angelo Salvucci, MD		Date: July 1, 2011	
Origination Date: January 18, 2011		Effective Date: July 1, 2011	
Date Revised: June 2, 2011			
Last Reviewed: June 2, 2011			
Review Date: July 1, 2013			

- I. PURPOSE: To define the “Code Trauma” and “Trauma Call Continuation” process by which patients at a community hospital that emergently require the specialty services of a designated trauma center are transferred.
- II. AUTHORITY: Health and Safety Code, §1797.220 and §1798, and California Code of Regulations, Title 22, §100255.
- III. DEFINITIONS:
 - A. Code Trauma: A process by which a patient with potential life-or-limb threatening traumatic injuries who require an immediate procedure at a designated trauma center and a delay in transfer will result in deterioration of the patient’s condition, and the treating physician requests immediate transport to a designated trauma center.
 - B. Trauma Call Continuation: A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance requires an immediate procedure at a designated trauma center, the ALS ambulance is still on the premises, and the treating physician requests immediate transport to a designated trauma center.
 - C. Life-or-limb threatening injuries in need of emergency procedures are patients with at least one of the following:
 1. Indications for an immediate neurosurgical procedure.
 2. Penetrating gunshot wounds to head or torso.
 3. Penetrating or blunt injury with shock.
 4. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
 5. Pregnancy with indications for an immediate Cesarean section secondary to trauma.
- IV. POLICY: Responsibilities of each of the trauma system participants are listed below.
 - A. Community hospitals will:

1. Assemble and maintain a “Code Trauma Pack” in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County trauma centers.
 - b. Patient consent/transfer forms.
 - c. Treatment summary sheet.
 - d. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.”
 2. Have policies, procedures, and a quality improvement system in place to track and review all Code Trauma activations, Trauma Call Continuations, and minimize emergency department (ED)-arrival-to-departure time.
 3. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center. These policies will include patient criteria for requiring healthcare personnel beyond the paramedic scope of practice to accompany a trauma patient in transport.
- B. Ventura County Fire Communications Center (FCC) will:
1. Respond to a “Code Trauma” transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
 2. Consider “Trauma Call Continuation” transfers to be a follow-up to the original incident, and will link the trauma transfer fire incident number to the original 911 fire incident number.
- C. Ambulance Companies
1. Ambulance companies will respond immediately upon request for “Code Trauma” transfer.
 2. For patients who are re-triaged on arrival at a community hospital and are determined by the referring physician to require “Trauma Call Continuation,” ambulance companies will immediately transport the patient to a designated trauma center, with the same ALS personnel and vehicle that originally transported the patient to the community hospital.
 3. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.
- D. Trauma Centers will:
1. Publish a single phone number, that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section III.B of this policy.
 2. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section III.C of this policy.
 3. Immediately post on ReddiNet when there is no capacity to accept trauma patients.

V. PROCEDURE:

A. Code Trauma:

1. Upon determination of Code Trauma, and after discussion with the patient, the transferring hospital will:
 - a. Determine the most appropriate means for the patient transfer, either paramedic ambulance, critical care transport (CCT), or paramedic ambulance accompanied by healthcare staff from the transferring hospital.
 - (1) For patients appropriate for paramedic ambulance transport:
 - (a) Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
 - (b) Identify their facility to the dispatcher and advise they have a “Code Trauma” transfer and the destination trauma center.
 - (2) For patients appropriate for CCT transport (the patient requires accompaniment of healthcare staff beyond paramedic scope of practice):
 - (a) Immediately contact the appropriate CCT provider agency, advise they have a “Code Trauma” and are requesting emergency CCT response.
 - (3) For patients appropriate for CCT transport and CCT response is delayed:
 - (a) Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the trauma center.
 - (b) Immediately call Ventura County Fire Communications Center to request an ambulance as described in paragraph A.1.a.1. above.
 - b. After requesting the transport vehicle, the transferring physician will notify the trauma center emergency physician of the transfer.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form and demographic information form.
 - e. Contact the trauma center for nurse report at the time of, or immediately after, the ambulance departs.
2. Upon request for “Code Trauma” transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize “MEDxxx Code Trauma from [transferring hospital]”. The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.

3. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the “Code Trauma” transfer.
 4. Ambulance units will remain attached to the incident and FCC will track their dispatch, enroute, on scene, en-route hospital, at hospital, and available times.
 5. The patient shall be emergently transferred without delay. Every effort will be made to minimize ambulance on-scene time in the transferring hospital ED.
 - a. All forms should be completed prior to ambulance arrival.
 - b. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
 - c. Intravenous drips may be discontinued or remain on the ED pump.
- B. Trauma Call Continuation
1. Upon determination of a Trauma Call Continuation, and after discussion with the patient, the community hospital will:
 - a. Direct the ambulance personnel to prepare to continue the transport to the trauma center.
 - b. Notify the designated trauma center ED of the immediate re-triage of a trauma patient, and communicate the patient’s apparent injuries or reason for the re-triage, after the call is continued and the patient is enroute to the trauma center.
 2. Upon notification of Trauma Call Continuation, the ambulance personnel will notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking en-route hospital (departure from community hospital), at hospital (arrival at trauma center) and available times.
 3. When the transferring physician determines the patient is ready and directs ambulance personnel to continue the transport, the ambulance will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.
- C. For all Code Trauma and Trauma Call Continuation transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.



**Emergency Trauma Transfer QI Form
Form: Ventura County EMS Agency Policy 1407**

Date: _____

Sending Hospital:

- SVH SJPVH SJRMC OVCH CMH SPH

Treating Physician: _____

Patient Arrived ED:

- Brought by EMS: Fire Incident Number _____
 Brought by POV or Walk-In

Destination Trauma Center:

- LRHMC
 VCMC
 Other: _____

Patient Transfer Process:

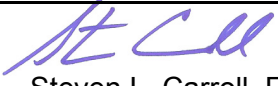

- Code Trauma
 Ambulance with paramedic ONLY
 CCT
 Ambulance with accompanying healthcare personnel
 Trauma Call Continuation

Describe the condition that required an immediate procedure at a trauma center:

- Indications for an immediate neurosurgical procedure.
 Penetrating gunshot wounds to head or torso.
 Penetrating or blunt injury with shock.
 Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
 Pregnancy with indications for an immediate Cesarean section secondary to trauma.

Comments:

**Within 72 hours of transfer, fax or scan/email to VCEMS: Fax--(805) 981-5300
Email—katy.hadduck@ventura.org**

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: County Ordinance No. 4099: Ambulance Business License Code		Policy Number 110	
APPROVED: Administration  Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director  Angelo Salvucci, M.D.		Date: 12/01/07	
Origination Date: July 10, 1994		Effective Date: December 1, 2007	
Revised Date: September 13, 2007			
Last Reviewed: August 13, 2009			
Review Date: September, 2011			

See following pages.

ORDINANCE NO. 4099

AN ORDINANCE AMENDING SPECIFIED PROVISIONS OF THE VENTURA COUNTY ORDINANCE CODE RELATING TO REGULATION OF EMERGENCY MEDICAL SERVICES.

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 2421 - DEFINITIONS - Unless otherwise specified, the term:

- (a) "AMBULANCE" shall mean any privately or publicly owned motor vehicle that is specifically designed or constructed and equipped to transport persons in need of emergency medical care and is licensed as an ambulance by the California Highway Patrol.
- (b) "AMBULANCE COMPANY LICENSE" shall mean a certificate from the County of Ventura which verifies that the company has met the procedural requirements of the Ventura County Emergency Medical Services Agency (VCEMSA) Policies and Procedures Manual for a license and is permitted to establish a base of ambulance operations in a designated ambulance service area.
- (c) "AMBULANCE SERVICE AREA" shall mean those geographical areas established for the County of Ventura and shown on the Ambulance Service Map in the VCEMSA P/P Manual, and shall mean the area in which a holder of an ambulance company license may establish a base of operations.
- (d) "BOARD" shall mean the Board of Supervisors of the County of Ventura.
- (e) "COUNTY" or "VC" shall mean County of Ventura.
- (f) "EMCC" shall mean the Ventura County Emergency Medical Care Committee appointed by the Board of Supervisors in accordance with the mandate in the California Health and Safety Code.
- (g) "EMERGENCY CALL" shall mean any of the following:
 - 1) A request from an individual who is experiencing or who believes he is experiencing a life threat. Lights and sirens are used.
 - 2) A request from public safety agencies for individuals who are or may be experiencing a life threat; or a sudden and unforeseen need for basic life support or first aid. Lights and sirens are used if needed.
 - 3) A request to transport hospitalized patients to and from another facility for special emergency or urgently needed diagnostic services which the requesting hospital cannot provide. Lights and sirens are used if needed.
- (h) "VCEMSA" shall mean the Ventura County Emergency Medical Services Agency.
- (i) "VCEMSA Admin" shall mean the Administrator of the VCEMSA.
- (j) "VCEMSA MedDir" shall mean the Medical Director of the VCEMSA.
- (k) "EMT-IA" shall mean Emergency Medical Technician-IA, who is a person who has successfully completed a basic EMT-IA course which meets State requirements and who has been certified by the VCEMSA MedDir.
- (l) "EMT-P". An Emergency Medical Technician-Paramedic is a person who has successfully completed a paramedic training program which meets State requirements and who has been certified by the VCEMSA MedDir.

- (m) "EMERGENCY SERVICE" shall mean the service performed in response to an emergency call.
- (n) "PATIENT" shall mean a wounded, injured, sick, invalid, dead or incapacitated person who is evaluated or treated by personnel of any provider of emergency medical care Basic Life Support or Advanced Life Support.
- (o) "VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY (VCEMSA) POLICIES AND PROCEDURES (P/P) MANUAL" shall include the County Ambulance Ordinance and the policies and operating procedures which are approved by the Ventura County VCEMSA Medical Director and/or Administrator.

Section 2423 - GENERAL PROVISIONS

Section 2423-I - Ambulance Company License Required - No person, either as owner, agent, or otherwise, shall operate an ambulance or conduct, advertise, or otherwise be engaged in or profess to be engaged in the provision of emergency or non-emergency ambulance service upon the streets or any public way or place of the County, unless he holds a current valid license for an ambulance issued pursuant to this ordinance. An ambulance operated by or contracted for by an agency of the United States or the State of California shall not be required to be licensed hereunder.

Section 2423-1.1 - Application for Ambulance Company License -An application for an ambulance company license shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-1.2 - Insurance - It shall be unlawful for any owner to operate an ambulance or cause or permit the same to be driven or operated, unless there is in full force and effect at all times while such ambulance is being operated, insurance covering the owner of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation of such ambulance.

Insurance requirements as specified in the "Agreement for Emergency Ambulance Service and Transport of Indigent Persons" shall be complied with at all times, including but not limited to providing Certificates of Insurance to and naming the County of Ventura as Additional Insured.

Section 2423-1.3 - Exception - Licensing requirements of this article - Licensing requirements of this article shall not apply to an ambulance company or to the EMT-IAs or EMT-Ps who are:

- (a) Rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of County are insufficient or unable to cope.
- (b) Operating from a location or headquarters outside of County to transport patients picked up beyond the limits of County to locations within County, or to transport patients picked up at licensed hospitals, nursing homes or extended care facilities within County to locations beyond the limits of County.
- (c) Operating from a location or headquarters outside of County and providing emergency ambulance services at the request of and according to the conditions of the County of Ventura, or with the approval of the County of Ventura.
- (d) Stationing an ambulance outside the service area for which the company is licensed in order to provide special ambulance service for an activity or event in accordance with a written agreement with the sponsor of the event. If the ambulance company is a prime contractor for emergency service, such an agreement may not cause the usual level of service to be lowered. The VCEMSA Admin shall be notified by ambulance companies when contracts are made for special ambulance service outside the service area of the licensee.

Section 2423-2 - Ambulance Operators and Personnel

Section 2423-2.1 - Ambulance EMT-IA and EMT-P Certification - Ventura County Requirements - Ambulance personnel in Ventura County shall be certified as EMT-IA or EMT-P pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.2 - Ambulance Operations Requirements - No vehicle shall be operated for ambulance purposes and no person shall drive, attend or permit to be operated for such purpose on the streets, or any public way or place of County unless it shall be under the immediate supervision and direction of two (2) people who are at least EMT-IA certified and authorized by the Ventura County, except under conditions cited in Section 2423-1.3. Applications shall be submitted and processed pursuant to the procedures set forth in the VCEMSA P/P Manual.

Section 2423-2.3 - EMT-IA AND EMT-P Certification and California State Ambulance Driving Certificate requirements - No person shall drive an ambulance vehicle unless he or she is holding a currently valid California State Ambulance Driver's Certificate and is also at least EMT-IA certified.

Section 2423-2.4 - Certification Fees - The VCEMSA may charge a certification fee, the rate for which is to be established by the Board of Supervisors.

Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a license, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the Informational Agenda of any changes made pursuant to this subsection (c). The Board of Supervisors, after public hearing, may overrule any changes made by the VCEMSA pursuant to this subsection (c).

Section 2424 - SUSPENSION AND REVOCATION - Any license or permit issued pursuant to the provisions of this Article may be suspended or revoked by the Director of the Health Care Agency upon grounds and after following the procedures outlined in the VC EMSD P/P Manual.

Section 2424-1 - Mandatory License Denial, Suspension or Revocation - The DIR-HCA shall deny, suspend or revoke the license of an ambulance company if the operator:

- (a) Is required to register as a sex offender under the provisions of Section 290 of the Penal Code; or
- (b) Habitually or excessively uses or is addicted to the use of narcotics, dangerous drugs, or alcohol, or has been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit-forming or dangerous drugs; or
- (c) Has falsified or failed to disclose a material fact in his application; or

- (d) Has held a license and abandons ambulance operation for a period of seven (7) days. Acts of God and other acts beyond the control of the licensee shall not be abandonment within the meaning of this section; or
- (e) Has been convicted of any offense punishable as a felony during the proceeding ten (10) years.

Section 2424-2 - Discretionary License Denial, Suspension or Revocation - The DIR-HCA may deny, revoke or suspend the license of an ambulance company if the operator has violated the standards and regulations set out in the VCEMSA P/P Manual.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions

Section 2120-1 - Hearing - A license issued pursuant to the provisions of this division may be suspended or revoked only after complying with the following procedures.

Section 2120-1.1 - Statement of Charges - Upon an alleged violation of any of the regulations set forth in the VCEMSA P/P Manual, the VCEMSA Admin/MedDir shall file with the Clerk of the Board a statement of charges.

Section 2120-1.2 - Acts or Omissions Charged - It shall specify the ordinance code sections, policies or regulations allegedly violated.

Section 2120-1.3 - Notice and Request for Hearing - Upon the filing of a statement of charges, the Clerk of the Board shall serve a copy thereof upon the respondent named therein in a manner provided by Ordinance Code Section 14. It shall be accompanied by a statement that respondent may request a hearing by filing a written request with the Clerk of the Board within ten (10) days after service.

Section 2120-1.4 - Waiver of Hearing - If no request for a hearing is received, the hearing is deemed waived and the VC EMSD may proceed with suspension or revocation. Notice shall be sent respondent of suspension or revocation.

Section 2120-1.5 - Hearing Officer - The Tax Collector or his deputy is hereby designated as hearing officer for any hearing conducted pursuant to this article. The hearing officer shall hear all evidence presented and at the conclusion of the hearing, rule on the charges presented.

Section 2120-1.6 - Time, Place and Notice of Hearing - Upon receipt of request for hearing, the Clerk of the Board shall contact the hearing officer and arrange a date, time and place for the hearing. Notice thereof shall be given all parties at least ten (10) days prior to the hearing.

Ordinance Code, County of Ventura
Division 2, Chapter 1, Article 1 - General Provisions
Section 2133 - Appeals

Any person whose application for a license is disapproved or whose license is suspended or revoked after a hearing, may appeal to the Board of Supervisors within thirty (30) days after the date of such denial, suspension or revocation by filing with the Clerk of the Board of Supervisors a request that the Board review denial, suspension or revocation. The appeal shall be in the form of a written notice filed with the Clerk of the Board of Supervisors and signed by the appellant. The notice shall have attached a copy of the written application, suspension or revocation, and shall state clearly and concisely the reasons upon which the appellant relies for his appeal. The Clerk of the Board of Supervisors shall set the matter for hearing within fifteen (15) days after the notice is filed, and shall notify the appellant and VC EMSD of the setting. At the hearing, the appellant shall have the burden of establishing to the satisfaction of the Board that he is entitled to relief, or otherwise the denial of the application, the suspension, or revocation of the license or permit shall stand.

Ord. 4033/215/227.1 April 27, 1993

AN ORDINANCE OF THE COUNTY OF VENTURA
AMENDING VENTURA COUNTY ORDINANCE CODE
SECTION 2423-3 RELATING TO SETTINGS OF AMBULANCE RATES

The Board of Supervisors of the County of Ventura does ordain as follows:

Section 1. Section 2423-3 of the Ventura County Ordinance Code is hereby amended to read as follows:

"Section 2423-3 - Rate Schedule - The Board, on its own motion or upon application of a licensee, may set, establish, change, modify or amend the schedule of rates that may be charged by a licensee.

- (a) No rates shall be set, established, changed, modified or amended without a hearing before the Board, except for consumer price index or other changes as provided for in ambulance provider agreements or as hereinafter specified.
- (b) Notice of such hearing shall be given to each licensee by the VCEMSA Admin.
- (c) Maximum fees for "Supplies and Equipment" and "Disposable Items" have been established in the existing approved Rates Schedule (EMS P/P 112). Maximum fees for these, and any added, items may, in the future, be set, established, changed, modified, or amended by the VCEMSA except that consumer price index or other changes provided for in ambulance provider agreements shall be in accordance with such agreements. The VCEMSA may delete items from these categories or may add to these categories additional items which are medically indicated and approved by the VCEMSA.
 - (1) Prior to making changes as permitted by this subsection (c), the VCEMSA shall notify Ventura County EMS agencies and the public and shall provide an appropriate opportunity for public input at an Emergency Medical Care Committee meeting.
 - (2) The VCEMSA shall notify the Board of Supervisors via the informational Agenda of any changes made pursuant to this subsection (c). the Board of Supervisors, after public hearing, may overrule any changes made by the VCEMS pursuant to this subsection (c).

Section 2. This Ordinance shall take effect thirty (30) days following final passage and adoption.
PASSED AND ADOPTED this day of , 1996, by the following vote:

AYES: Supervisors

NOES: Supervisors

ABSENT: Supervisors

CHAIR, BOARD OF SUPERVISORS

ATTEST:
RICHARD D. DEAN, County Clerk
County of Ventura, State of
California, and ex officio
Clerk of the Board of Supervisors
thereof:

By
Deputy Clerk

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Ambulance Company Licensing Procedure		Policy Number 111	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	June 1, 1997	Effective Date: December 1, 2008	
Date Revised:	August 10, 2006		
Date Last Reviewed:	October 9, 2008		
Next Review Date:	October, 2011		

- I. Purpose: All Ambulance Companies in Ventura County shall be licensed to operate in the County of Ventura.
- II. Authority: Ventura County EMS Agency Policy 110, Ventura County Ordinance number 4099.
- III. Policy:
 - A. License Application:


Every applicant for an ambulance company license shall submit an application to the Administrator, Ventura County EMS Agency, containing the following information.

 1. The name, address, date of birth, height, weight, and color of eyes and hair of the applicant and of the owner of the ambulance.
 2. The applicant and owner shall complete a California Bureau of Criminal Identification, Department of Justice background check via Live Scan Service. Applicant shall contact the Ventura County EMS Agency for fingerprinting procedure and copy of completed Live Scan form(s) shall accompany application.
 3. The trade or other fictitious name, if any, under which the applicant does business and proposes to do business.
 4. The training and experience of the applicant and managers in the transportation and care of patients. Evidence shall include applicant and managers resume showing type and duration of transportation experience, including at least five years of increasingly responsible experience in the operation or management of a basic or advanced life support service.
 5. The location and descriptions of the place or places from which ambulances are intended to operate.
 6. Number, type, age and patient capacity of each ambulance proposed to be operated by the applicant.
 7. Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a license for that ambulance territory. Facts shall

- include written statements or other evidence of either inadequate response times or inadequate care from existing providers.
8. A financial statement of assets, liabilities, and net worth for the past three (3) years prepared by a recognized accounting or bookkeeping firm. If the applicant has had less than three (3) years experience in business, the financial statement will be required to cover the period of time the applicant has been in business and additional weight shall be given to Item 4 above. If the applicant has no previous business experience, a personal financial statement shall be required.
 9. Such further information as the EMS Agency Administrator or the Board of Supervisors shall require.
 10. Proof of insurability as required by the County.
 11. The applicant shall provide a written statement of intent to comply with the requirement of the Emergency Medical Services Agency Policies and Procedures Manual and the standards and policies set by the Medical Director of the Ventura County EMS Agency.
 12. References may be requested.
- B. Procedure for Processing Application for Ambulance Company License:
1. The Administrator of the Ventura County EMS Agency shall commence processing the application within fifteen (15) calendar days from the date the completed application is filed as follows:
 - a. Notify all ambulance companies licensed by the County, members of the Prehospital Services Committee, EMS Advisory Committee, and cities in the affected ambulance service area of the receipt of the application and the name and address of the applicant.
 - b. Begin to investigate the applicant's personal and financial/business background to the extent that the information investigated relates to the applicant's ability to provide ambulance service.
 - c. Verify that the applicant is in possession of a valid California Highway Patrol license for each ambulance proposed to be operated.
 - d. Verify that the applicant has the required insurance or will be able to carry the required insurance.
 2. The County Auditor shall be requested to review and comment on the financial statement as it relates to the applicant's ability to meet the financial obligations of the business.

3. Upon recommendation of the EMS Administrator, the Health Care Agency Director or designee may recommend for or against approval of the application.
4. The Administrator of the Ventura County EMS Agency shall conclude evaluation of the application and present all information received regarding the application to the EMS Advisory Committee to review the materials. The committee shall regard the information as privileged and shall use discretion in its handling of the application materials.
 - a. The committee shall submit a written report of its findings to the Prehospital Services Committee.
 - b. The findings shall include:
 - (1) A statement as to the need and necessity for a licensed ambulance company.
 - (2) Whether the experience and past performance meets the standards in the Ventura County Emergency Medical Services Policies and Procedure Manual.
 - (3) Whether the financial statement is satisfactory.
 - (4) Any other pertinent information.
5. The Prehospital Services Committee shall meet within sixty (60) days from the date the completed application was filed to determine a finding as to whether there is a need and necessity for licensing the company, whether experience and past performance meets the standards as set out in the Ventura County Emergency Medical Services policies and procedures manual, or to request further information. A recommendation by the Prehospital Services Committee is required before proceeding with the application process.
6. If the Prehospital Services Committee issues a recommendation, the EMS Agency Administrator, shall submit the recommendation to the City Council(s) in the ambulance service area in which the applicant wishes to operate for a resolution of approval or disapproval.
7. The Director of the Health Care Agency, Director of the Public Health Department and the Administrator of the EMS Agency and/or their designee(s), shall take the application with their recommendations, the Prehospital Services Committee and EMS Advisory Committee reports and recommendations, and the resolution(s) of approval or disapproval by the City Council(s) to the Board of Supervisors for final action of approval or denial of the application.

8. The EMS Agency Administrator shall notify the Auditor of approved applications and shall indicate the service area for which the license is valid.
9. Upon payment of the established license fee by the applicant, the EMS Agency shall issue the license.
10. The license shall be valid until surrendered by the licensee, until sale of the company, or until revoked or suspended according to the provision of the Ventura County EMS policy and procedure manual.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Preceptor		Policy Number: 319	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	June 1, 1997	Effective Date:	December 1, 2008
Date Revised:	July 10, 2008		
Last Date Reviewed:	July 10, 2008		
Next Review Date:	July, 2011		

- I. PURPOSE: To establish minimum requirements for designation as a Ventura County Paramedic Preceptor.
- II. AUTHORITY: Health and Safety Code, Sections 1797.214 and 1798.
- III. POLICY:
 - A. A Paramedic may be designated a Paramedic preceptor upon completion of the following:
 1. 6 months, (minimum 1440 hours) practice in Ventura County as a Level II Paramedic.
 2. Written approval submitted to VC EMSA by employer.
 3. Written approval submitted to VC EMSA by the Prehospital Care Coordinator at the base hospital of the area where the Paramedic practiced the majority of the time.
 4. Successful completion of The Ventura County Emergency Medical Services Agency (VC EMSA) Paramedic Preceptor Training course.
 5. Written notification of intent to practice as a Paramedic Preceptor shall be submitted to VC EMSA prior to preceptor working in this capacity.
 - B. The Paramedic Preceptor will be responsible for the training, supervision and evaluation of personnel in Ventura County who are preparing for accreditation or completion of requirements for Level I, Level II or EMT ALS Assist authorizations, and Paramedic Interns.
 - C. A preceptor shall not precept or evaluate more than one person at a time.
 - D. Paramedic Interns: Preceptors must directly observe the performance of all "Critical Procedures" and must be located in a position to immediately assume control of the procedure. The preceptor may not be functioning in any other capacity during these procedures.

1. Critical Procedures:
 - a. Endotracheal Intubation
 - 1) Paramedic Intern shall be limited to one attempt in difficult intubations (e.g., morbidly obese patients, neck or facial trauma, active vomiting, massive oropharyngeal bleeding).
The intern will not make a second attempt.
 - b. Needle Thoracostomy
 - c. Intraosseous needle insertion
 - d. Childbirth
 - e. Drug Administration
 - f. PVAD
 - g. Intravenous Access when patient requires immediate administration of fluids and/or medication(s).
- E. Paramedics acting as preceptors for paramedic interns need to meet State of California, Title XXII requirements and successfully complete the Ventura County Preceptor Training course.
- F. Each preceptor will be evaluated by their intern or candidate at the end of their training period. This evaluation will be forwarded to the preceptor's employer

Recommendation Form

Employer: Please instruct the Paramedic to complete the requirements in the order listed. Upon employer approval the employer will contact the PCC prior to Paramedic contacting PCC for approval.

_____, Paramedic has been evaluated and is approved to provide EMS Prehospital Care in the following instances. S/he has met all criteria as defined in Ventura County EMS policies. I have reviewed documentation of such and it is attached to this recommendation.

Please initial the appropriate box

<p>Paramedic Preceptor</p> <p><input type="checkbox"/> All the requirement of level II met.</p> <p><input type="checkbox"/> 6 months (minimum 1440 hrs.) practice in Ventura County as a Level II Paramedic.</p> <p><input type="checkbox"/> Successful completion of the VC EMS Preceptor Training course.</p> <p><input type="checkbox"/> Approval by employer</p> <p><input type="checkbox"/> Approval by the PCC at the base hospital of the area where the Paramedic practiced the majority of the time during the previous year.</p> <p><input type="checkbox"/> Notification of VC EMS</p> <p><input type="checkbox"/> Completion of Curriculum Vitae</p>

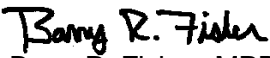

Please sign and date below for approval.

Employer

Date:

PCC, BH

Date:

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Authorization Criteria		Policy Number: 321	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	April 1, 1983	Effective Date:	December 1, 2008
Date Revised:	August 14, 2008		
Last Date Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. PURPOSE: To define the criteria by which a Registered Nurse (RN) can be authorized to function as a Mobile Intensive Care Nurse (MICN) in the Ventura County Emergency Medical Services (VCEMS) system.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58.
- III. POLICY: Authorization as a MICN requires professional experience and appropriate training, so that appropriate medical direction can be given to Emergency Medical Technician-Paramedic's (EMT-P) at the scene of an emergency.
- IV. PROCEDURE: In order to be authorized as an MICN in Ventura County, the candidate shall:
 - A. Fulfill the requirements regarding professional experience and prehospital care exposure. (Section V.A and B.)
 - B. Successfully completes an approved MICN Developmental Course.
 - C. Ride with an EMT-P unit for a minimum of eight (8) maximum of (16) hours and observe at least one (1) emergency response requiring Base Hospital contact.
 - D. Be recommended for MICN authorization by his/her employer.
 - E. Successfully complete the authorization examination process.
 - F. Complete an MICN internship.
- V. AUTHORIZATION REQUIREMENTS
 - A. Professional Experience:
The candidate shall hold a valid California RN license and shall have a minimum of 1040 hours (equivalent to six months' full-time employment) critical care experience as an (RN). Critical care areas include, but are not limited to, Intensive Care Unit, Coronary Care Unit, and the Emergency Department.
 - B. Prehospital Care Exposure
The candidate shall be employed in a Ventura County Base Hospital. In addition, for a minimum of 520 hours (equivalent to three (3) months full time employment) within the

previous six calendar months, the candidate shall have one or more of the following assignments.

1. Be assigned to clinical duties in an Emergency Department responsible for directing prehospital care. (It is strongly recommended that this requirement be in addition to and not concurrent with the candidate's six-(6) months' critical care experience. A Base Hospital may recommend an MICN candidate whose critical care and/or Emergency Department experience are concurrent based on policies and procedures developed by the Base Hospital), or
2. Have responsibility for management, coordination, or training for prehospital care personnel, or
3. Be employed as a staff member of VCEMS.

C. MICN Developmental Course

The candidate shall successfully complete an approved Mobile Intensive Care Nurses Development Course (See Appendix A).

D. Field Observation

Candidates shall ride with an approved Ventura County EMT-P unit for a minimum of eight (8) maximum of (16) hours and observe at least one emergency response requiring Base Hospital contact and performance of ALS skills by the EMT-Ps.

1. Candidates shall complete the field experience requirement prior to taking the authorization examination.
2. A completed Field Observation Form shall be submitted to the VC EMS as verification of completion of the field observation requirement (Appendix C).

E. Employer's Recommendation

1. The candidate shall have the recommendation of the Emergency Department Medical Director or Paramedic Liaison Physician (PLP), Paramedic Care Coordinator (PCC) and Emergency Department Nurse Supervisor.
2. Candidates employed by VCEMS shall have the approval of the Emergency Medical Services Medical Director.
3. All recommendations shall be submitted in writing to VCEMS prior to the authorization examination. (Appendix B.)

The recommendation shall include:

- a. Each applicant's completed Mobile Intensive Care Nurse Authorization application form (Appendix B).

- b. Verification that the candidate has been an employee of the hospital for a minimum of three (3) months (or has successfully completed the hospital's probationary period) and will, upon certification, will be assigned to the E.D. as set forth in Section B of the MICN Authorization Criteria.
 - c. Verification that each candidate has successfully completed an approved MICN Developmental Course.
 - d. Verification that each candidate has completed the Field Observation requirement as set forth in Section II.D of the MICN Authorization criteria.
- F. Examination Process
- 1. Written Procedure: Candidates shall successfully complete a comprehensive written examination approved by VCEMS.
 - a. The examination's overall minimum passing score shall be 80%.
 - b. Employers shall be notified within two (2) weeks of the examination if their candidates passed or failed the examination.
 - c. The examination shall be scheduled in conjunction with class completion dates.
 - 2. Examination Failure
 - a. A candidate who fails the initial MICN exam shall complete a repeat exam within 30 days. S/he may repeat the authorization exam one (1) time.
 - b. A minimum score of 80% must be attained on repeat examination.
 - c. If the repeat examination is not successfully completed, the candidate shall repeat the authorization application process, including the developmental course, prior to taking the subsequent examinations.
 - 3. Failure to Appear
 - a. If a scheduled candidate fails to appear for the scheduled examination, s/he shall be considered as having failed the examination.
 - b. Within 24 hours of the scheduled examination, VCEMS shall notify the employer of any candidate failing to appear for testing.
 - c. Candidates who fail to appear for two scheduled authorization examinations shall not be eligible to take the authorization examination

for one (1) calendar year from the last scheduled examination date and must repeat the entire authorization process.

G. Internship

Following notification of successful completion of the authorization examination, the candidate shall satisfactorily direct ten (10) base hospital runs under the supervision of a MICN, the PCC, and/or an Emergency Department physician.

1. The Communication Equipment Performance Evaluation Form shall be completed for each response handled by the candidate during the internship phase. (Appendix D)
2. Upon successful completion of at least ten (10) responses, the ten responses shall be evaluated by the Emergency Department Director or PLP, the Emergency Department Nursing Supervisor, and the PCC. All Communication Equipment Performance Evaluation Forms (Appendix D) and Verification of Internship Completion Form (Appendix E) shall be submitted to Ventura County EMS
3. The internship requirement shall be completed within six (6) weeks of the successful completion of the authorization examination.
4. If an employer is unable to complete a candidate's internship process within six (6) weeks of the authorization examination, a BH representative shall submit a letter to Ventura County EMS explaining the situation and their intent. If the intent is to continue the authorization process for the individual, the projected date for internship completion shall be stated.
5. If an employer is unable to complete a candidate's internship process within one year of the authorization examination, a BH representative shall resubmit a letter of recommendation and the candidate shall repeat the authorization examination.

VI. AUTHORIZATION

Authorization shall be granted and an authorization card sent to the employer within fifteen (15) working days following receipt of the Communication Equipment Performance Evaluation and Verification of Internship Completion forms. Authorization is valid for a two (2) year period or during employment at a Ventura County Base Hospital. The nurse must be regularly assigned as an MICN per EMS Policy 322.

LETTER OF RECOMMENDATION
INITIAL AUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Has at least 1040 hours of critical care experience.

_____ Has completed the Field Observation Requirement.

_____ If authorized, will be employed in accordance with guidelines as set for the in Section V.B of the MICN Authorization Criteria

_____ Has been employed by _____ in the Emergency Department for at least 520 hours gaining prehospital care exposure.

_____ Has completed an approved Mobile Intensive Care Nurse Developmental Course.


Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301	
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>		
Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ()	Work Phone: ()	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	
Initial Authorization: <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) 		
Reauthorization <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 		
Applicant Signature:		Date
Prehospital Care Coordinator Signature:		Date



COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

Candidate's Name:	MICN Exam Date:	Base Hospital:
<p>MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.</p>		

Date	Incident # <small>(and Pt # of Total as needed)</small>	Chief Complaint	Treatment	Evaluator's Comments	Evaluator's Signature	PCC's Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VERIFICATION OF INTERNSHIP COMPLETION

<p>_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:</p>								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
<p>NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
<p>Signatures: _____</p> <p style="text-align: right;">BH Medical Director/Paramedic Liaison Physician</p> <p style="text-align: right;">_____ Prehospital Care Coordinator</p>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements		Policy Number: 322	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	April 1983	Effective Date: December 1, 2008	
Date Revised:	August 14, 2008		
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).
- II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.
- II. POLICY:
Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).
- III. PROCEDURE:
 - A. Ventura County MICNs shall:
 - 1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
 - a. Field Care Audits (Field care audit): Twelve hours per two years.
 - b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
 - 1) EMS Updates (Mandatory, up to two times per year, as offered).
 - 2) ACLS recertification - 4 hours credit
 - 3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.
 - a) Self study CE shall be documented by a certificate from the sponsor of the self study opportunity (e.g., EMS journals mail courses, etc.).

- b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A post test shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.
 - c) Ride along with an approved Ventura County EMT-P unit may be required at PCC discretion.
 - c. Miscellaneous Education: Twelve hours per two years.
Miscellaneous education Includes:
 - 1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,
 - 2) ALS level teaching, maximum of 8 hours.
 - 3) Additional field care audit and/or lecture/ seminar, or
 - 4) Administrative assistance to PCC.
 - d. Verification of attendance must be retained by the MICN.
 - 1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.
 - 2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the EMT-P/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.
 - 3) Credit shall be given only for actual time in attendance at CE.
 - 4) Credit may be received for a class one time only in an authorization cycle.
2. To Maintain MICN Authorization
- a. Function as an MICN for an average of 32 hours per month over a six-month period or
 - b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.

3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
 4. Maintain current ACLS certification.
- B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.

APPENDIX A

LETTER OF RECOMMENDATION
MICN REAUTHORIZATION

_____ is recommended for reauthorization as a Mobile Intensive Care Nurse in
Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the
applicant:

- _____ Holds a valid California Registered Nurse License.
- _____ Maintains ACLS certification
- _____ Has completed Continuing Education requirements
- _____ Has completed the Field Observation requirement.
- _____ Maintains continuous employment as defined in Policy 321.

Emergency Department Medical Director
/Paramedic Liaison Physician

Signatures


Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

APPENDIX B

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301	
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>		
Name:		
Street Address:		
City:	State:	Zip code:
Home phone: ()	Work Phone: ()	
Base Hospital:		
Current/Prior Authorization Number:	Expiration Date:	
Initial Authorization: <ul style="list-style-type: none"> <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher. <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Verification of employment as an MICN at a designated base hospital <input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, appendix C) <input type="checkbox"/> Documentation of Critical Care Experience (VCEMS Policy 321, appendix A) <input type="checkbox"/> Documentation of Ventura County Emergency Department Experience <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, appendix D) Reauthorization <ul style="list-style-type: none"> <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California <input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card) <input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, appendix A) <input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, appendix D) 		
Applicant Signature:	Date	
Prehospital Care Coordinator Signature:	Date	

APPENDIX C

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

EMT-P Signature

EMT-P Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

APPENDIX D

NAME: _____

EMPLOYER: _____ Authorization #: M_____

Ventura County Authorization Requirements Continuing Education Log



This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reauthorization. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all MICN's reauthorizing and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

The EMS Update requirements are mandatory and they must be completed in the stated time frames or negative action will be taken against your MICN authorization.

Field care audit Hours				
(12 hours)				
	Date	Location	# Of Hours	Provider Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Lecture Hours					
Required Courses		Date	Location	# Of Hours	Provider Number
1.	EMS UPDATE #1 (1 hour)				
2.	EMS UPDATE #2 (1 hour)				
3.	EMS UPDATE #3 (1 hour)				
4.	EMS UPDATE #4 (1 hour)				
EMS Updates are completed as the new or changed policies are put into place. This is usually done every 6 months in May and November.					
5.	ACLS Course				

Miscellaneous Hours				
(12 hours are required)				
These hours can be earned with any combination of additional field care audit, lecture, etc.)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: MOBILE INTENSIVE CARE NURSE AUTHORIZATION REACTIVATION		Policy Number 324	
APPROVED: Administration	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: December 1, 2008	
Origination Date:	December 1991	Effective Date: December 1, 2008	
Revised:	August 14, 2008		
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. Purpose: To define the procedure for reactivating a lapsed or inactive authorization.
- II. Authority: Health and Safety Code 1797.56 and 1797.58, 1797.213 and 1798.
- III. Policy: An individual may reactivate his/her authorization upon completion of the following requirements.
- V. Procedure: An individual whose Mobile Intensive Care Nurse (MICN) authorization has become inactive or lapsed shall be eligible for reauthorization when the following have been met:
 - A. MICN Authorization has lapsed due to failure to meet continuous service requirements and date on authorization has not expired.
 1. Notify VCEMS of intent to reactivate authorization.
 2. Within six (6) months of notification of intent to reactivate, complete a minimum of six- (6) hours of lecture/seminar and six (6) hours field care audit. These hours will be applied to continuing education requirements for reauthorization.
 3. Demonstrate competence to practice as an MICN by satisfactorily providing medical direction to a field unit under the direction of an authorized MICN or MD during minimum of five (5) ALS call-ins requiring ALS care.
 4. Submit recommendations for reactivation of authorization from Base Hospital.
 - B. MICN authorization expired for 1-31 days:
 1. Notify VCEMS of intent to reactivate.

2. Meet the requirements for authorization reactivation as defined in Policy 322.
- C. MICN authorization expired less than one (1) year.
1. Notify VCEMS of intent to reactivate. Complete the following in order and within six (6) months.
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322.
 - b. Complete additional continuing education consisting of six (6) hours lecture/seminar and six (6) hours field care audit.
 - c. Complete eight (8) hours of Field Observation on a Ventura County Base ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering the medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of five (5) ALS responses. An ALS response is defined as the performance, by the EMT-P one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from the Base Hospital to VC EMS.
- D. MICN authorization expired between one (1) and two (2) years.
1. Notify VC EMS of intent to reactivate. In the following order, and within six (6) months:
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322.
 - b. Complete additional continuing education consisting of nine (9) hours lecture/seminar and nine (9) hours field care audit.
 - c. Complete twelve (12) hours of field observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during minimum of ten ALS responses. An ALS response is defined as the performance, by the EMT-P one or more of the skills listed in the VC EMS Scope of Practice.

4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.
- E. Authorization expired for two (2) years or more
1. Notify VC EMS of intent to reactivate. Criteria must be met in the following order and within six (6) months.
 2. Prior to assignment on a radio:
 - a. Meet the requirements for reauthorization as defined in Policy 322
 - b. Complete additional continuing education consisting of an additional twelve (12) hours field care audit and twelve (12) hours lecture/seminar.
 - c. Complete twelve (12) hours of field observation on a Ventura County ALS unit.
 3. Demonstrate competence to practice as an MICN by satisfactorily rendering medical direction, while under the supervision of the BH PCC, MICN or MD, during a minimum of ten (10) ALS responses. An ALS response is defined as the performance, by the EMT-P one or more of the skills listed in the VC EMS Scope of Practice.
 4. Submit recommendations for reactivation of MICN authorization from ALS employer and Base Hospital to VC EMS.
- F. EMS Agency Responsibilities
- VC EMS shall issue an authorization card upon successful completion of the requirements for reactivation.

LETTER OF RECOMMENDATION
AUTHORIZATION REACTIVATION

_____ is recommended for
Reactivation of Mobile Intensive Care Nurse Authorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Has met the requirements for reactivation of Mobile Intensive Care Nurse Authorization.

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Nursing Supervisor

Prehospital Care Coordinator

Date: _____

REACTIVATION OF AUTHORIZATION APPLICATION

Attach the following:

1. Facsimile of California RN License
2. Facsimile of ACLS Certification
3. Continuing Education Requirements
4. Letter of Recommendation
5. Verification of Field Observation

Signatures:

MICN Candidate

Prehospital Care Coordinator

Date: _____

POLICY 323
APPENDIX C

FIELD OBSERVATION REPORT

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: ____# ____ NO ____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

EMT-P Signature

EMT-P Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM

POLICY 324
APPENDIX D



Candidate's Name: _____ MICN Exam Date: _____ Base Hospital: _____

MD/MICN Evaluator: Please evaluate this MICN candidate for the following, to include but not be limited to: Proper operation of radio equipment; recommended radio protocols used; correct priorities set; additional info requested as needed; appropriate, complete, specific orders given; able to explain rationale for orders, notification of other agencies involved; and ability to perform alone or with assistance.



	Date	PFR #	BH Log #	Chief Complaint	Treatment	Evaluator Comments	Evaluator Signature	PCC Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

VERIFICATION OF INTERNSHIP COMPLETION

<p>_____, employed at _____, is/is not recommended for Authorization as a Mobile Intensive Care Nurse. S/He has achieved the following rating in the following categories:</p>								
Category	Rating	Comments						
Understands and operates equipment properly								
Sets correct priorities								
Requests additional information as needed								
Orders are specific, complete and appropriate								
Understands treatment rationale								
<p>NOTE: In order to qualify for recommendation, a candidate must receive at least a rating of 3 in each category. Ratings are as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Poor</td> <td style="width: 50%;">4. Good</td> </tr> <tr> <td>2. Fair</td> <td>5. Excellent</td> </tr> <tr> <td>3. Average</td> <td></td> </tr> </table>			1. Poor	4. Good	2. Fair	5. Excellent	3. Average	
1. Poor	4. Good							
2. Fair	5. Excellent							
3. Average								
ATTACH COMMUNICATION EQUIPMENT PERFORMANCE EVALUATION FORM								
<p>Signatures: _____ BH Medical Director/Paramedic Liaison Physician</p> <p>_____</p> <p style="text-align: center;">Prehospital Care Coordinator</p>								

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: ICE – In Case of Emergency for Cell Phones		Policy Number 622	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	May 11, 2006		
Date Revised:	May 11, 2006		
Date Last Reviewed:	July 10, 2008	Effective Date: December 1, 2008	
Next Review Date:	July, 2011		

- I. PURPOSE: To inform EMS providers of the ICE (In Case of Emergency) program that is promoted for personal cell phones. This is described as a universally-recognized mechanism to provide prompt notification to a family member or other designated contact of an ill or injured patient, and perhaps obtain information about a patient’s medical history.
- II. AUTHORITY: Division 2.5 of the Health and Safety Code, Sections 1797.214 and 1798
- III. DEFINITIONS: “ICE” is an acronym for “In Case of Emergency”.
- IV. PROCEDURE: It may be practical for EMS Providers to briefly search for a cell phone or other identification when working with a patient that is unable to provide this information. These items could then be provided to law enforcement or transported with the patient to the hospital. EMS providers are not usually the ones who make emergency notifications to family members or other third parties. This is normally done by law enforcement, hospitals or others involved in the situation. Searching for cell phones or making notifications, whether to an ICE contact or other third party, should never delay patient assessment, treatment, or transport. Currently, there are no applicable federal laws that *require* an EMS provider to check a patient’s cell phone and attempt to make contact with the patient’s ICE designee. If the EMS Provider attempts to make a notification, they should only disclose personal health information about the patient that is directly relevant to their involvement with the patient’s health care. This notification should be documented on the approved Ventura County documentation system.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic/MICN BH Communication Record		Policy Number 1001	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: 12/01/07	
APPROVED: Medical Director:  Angelo Salvucci, M.D.		Date: 12/01/07	
Origination Date: July 6, 2007		Effective Date: December 1, 2007	
Date Revised: July 9, 2007			
Last Reviewed: June 11, 2009			
Review Date: July 31, 2011			

- I. PURPOSE: To define the use of the "EMT-P/MICN BH Communication Record" by approved Ventura County the Base Hospitals.
- II. PROCEDURE:
 - A. This form should be used to document communication between the paramedic and mobile intensive care nurse (MICN). All pertinent areas of the form are to be completed by the MICN to document each patient contact between the paramedic and the MICN.
 - B. Base Hospital is responsible for providing the forms and ensuring documentation compliance.
 - C. Base Hospital is responsible for maintenance of records according to hospital data requirements.
 - D. Attachment A is provided as a sample only.

EMT-P/BH COMMUNICATION RECORD



Patient's Name _____ Date _____ BH _____
 Unit No. _____ Log No. _____ PM Radio Telephone County Radio Time _____ a.m./p.m.
 PFR No. _____ Location _____ Age _____ M F Weight _____ Category _____

Complaint and Findings: _____

 History: _____
 Allergies: _____
 Medications: _____

 PMD _____

MENTAL STATUS <input type="checkbox"/> Conscious <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Purposefully <input type="checkbox"/> Non Purposefully <input type="checkbox"/> Posturing <input type="checkbox"/> Non-Responsive <input type="checkbox"/> Unconscious _____ min.	SPEECH <input type="checkbox"/> Oriented X _____ <input type="checkbox"/> Confused <input type="checkbox"/> Incomprehensible <input type="checkbox"/> Silent CHEST <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	PUPILS <input type="checkbox"/> PERL <input type="checkbox"/> Unequal <input type="checkbox"/> R. Larger <input type="checkbox"/> L. Larger <input type="checkbox"/> Fixed <input type="checkbox"/> Dilated <input type="checkbox"/> Midpoint <input type="checkbox"/> Pinpoint	SKIN COLOR <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed MOISTURE <input type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic TEMP <input type="checkbox"/> Normal <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold	CARDIAC ARREST <input type="checkbox"/> Unwitnessed <input type="checkbox"/> Witnessed _____ min. <input type="checkbox"/> Bystander CPR LUNG SOUNDS <input type="checkbox"/> Clear R L <input type="checkbox"/> Tidal Volume _____ <input type="checkbox"/> Wheezes R L <input type="checkbox"/> Rales R L <input type="checkbox"/> Other _____	ASSOC. SIGNS <input type="checkbox"/> JVD <input type="checkbox"/> Dep. Edema <input type="checkbox"/> Tracheal Shift <input type="checkbox"/> Tripoding <input type="checkbox"/> Accessory Muscle Use ABDOMINAL <input type="checkbox"/> Distention <input type="checkbox"/> Tenderness <input type="checkbox"/> Mass
--	--	--	---	---	---

TREATMENT PRIOR TO BASE HOSPITAL CONTACT

	Medication	Time	Dose/Route	Results
BP _____	Albuterol			
PULSE _____	Dextrose			
RESP. _____	Narcan			
EKG _____	NTG			
	Epi			
	Atropine			
	Lidocaine			
	Valium			

IV Fluids _____
 Route:
 Peripheral
 IO
 Fluid Challenge _____ cc's
 Saline Lock

Chemstick _____
 SAED _____
 DEFIB. _____
 Cardiovert _____
 Spinal Immobilization
 O₂ at _____ liters
 NRB
 NC

Airway Management
 Oral Airway
 Assisted
 ET
 Alt. Airway
 Lung Sounds Verified
 Tube Sounds Verified


TIME	BP	PULSE	RHYTHM	RESP	COMMENTS/ORDERS	RESULTS

ETA _____ min. Transported to _____ Hospital Notified (time) _____

Signature _____ MICN _____ M.D.

Diagnosis at Emergency Room _____

Patient Disposition: AMA on scene Treated and released Transferred to _____ Hospital Admitted to Hospital, Unit _____ Died in ER

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse Developmental Course and Examination Procedure		Policy Number 1105	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	July 2, 1984		
Date Revised:	June 8, 2006		
Date Last Reviewed:	August 14, 2008	Effective Date: December 1, 2008	
Next Review Date:	August, 2011		

- I. PURPOSE: To prepare nurses for their role in directing the prehospital care activities of paramedics. In order for the nurse to attain these necessary skills, practical as well as didactic (including field care audit) sessions shall be provided. Only nurses who fulfill the criteria in Policy 321 are eligible to take the course. The Ventura County EMS Agency shall approve all programs.
- II. AUTHORITY: Health and Safety Code 1797.56 and 1797.58
- III. COURSE REQUIREMENTS:
 - A. Minimum of 40 hours in length
 - B. Topics will include:
 1. Intro/Local EMS System
 2. MICN Role
 3. Communication Protocol/Etiquette
 4. Legal Issues
 5. Legal Documentation
 6. Paramedic Reporting Format
 7. Hazmat
 8. OD/Seizures
 9. EMS Overview
 10. Decompression/Marine Animals/Hyper/Hypothermia
 11. SOB/Apnea/Obstructed Airway
 12. Pharmacology
 13. Chest Pain
 14. Burns
 15. Snake Bites/Bee Stings/Anaphylaxis
 16. AED

17. Pain Control
 18. Hypovolemic Shock/Trauma
 19. ALOC/NeuroFocal/Behavioral
 20. CISM
 21. ACLS/Dysrhythmias
 22. Childbirth/Neonatal Resuscitation
 23. Homework Review
 24. MICN Practice
 25. MCI/Triage
 26. Nerve Agents
 27. Diversion/Reddinet
 28. Pediatrics (may be presented as its own topic or incorporated into each of the above)
 29. Weapons of Mass Destruction
- C. Course shall be coordinated by a Prehospital Care Coordinator (PCC) from a Ventura County Base Hospital, in consultation with an Emergency Department Physician involved in prehospital care.
- D. Individual topics may be taught by medical/nursing personnel with recent Advanced Life Support prehospital care and teaching experience. The course coordinator must approve all instructors.
- E. Each topic shall have predetermined behavioral objectives which clearly specify the relevancy of the material to the MICN's role.
- F. The course shall be reviewed and revised annually to keep up with additions and/or changes to policies and protocol.
- F. There shall be a final examination with an overall passing score of 80%. This exam shall be based on the topics presented and on the course objectives.
- IV. COUNTY EXAMINATION:
- A. Only those candidates who successfully pass the MICN Course and Final Exam will be eligible to sit for the County Examination for purposes of working as an MICN in a Base Hospital.
 - B. The exam shall consist of 100 questions covering all of the topics listed above in III.B.
 - C. Candidates shall pass the exam with an overall score of 80%.

- D. The exam shall be compiled and reviewed by the EMS Medical Director and the PCC's. The Course Coordinator or individual instructors may submit questions for the exam. Each question shall be correlated to the Objectives, and be based on current standards of care in ALS services.
- E. The Exam shall be given as needed. Scheduling of the exam shall be the responsibility of the Course Coordinator. The EMS Agency will administer the test.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Provider Approval		Policy Number 1130	
APPROVED: Administration:	<i>Barry R. Fisher</i> Barry Fisher, MPPA	Date	December 1, 2008
APPROVED: Medical Director:	<i>Angelo Salvucci</i> Angelo Salvucci, M.D.	Date	December 1, 2008
Origination Date:	February 2001	Effective Date: December 1, 2008	
Date Revised:	March 10, 2006		
Date Last Reviewed:	July 10, 2008		
Review Date:	July, 2011		

- I. PURPOSE: To identify the procedure for approval of Continuing Education Providers (CEP's) in Ventura County, both Advanced and Basic Life Support, in accordance with CCR, Title 22, Division 9, Chapter 11.
- II. AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 11, Article 4.
- III. POLICY:
 - A. The Approving Authority for Prehospital Continuing Education Providers (CEP's) shall be the Ventura County Emergency Medical Services Agency.
 - B. Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc).
- IV. PROCEDURE:
 - A. Program Approval
 1. Eligible programs shall submit a written request for CEP approval to the EMS Agency and agree to provide at least 12 hours of continuing education per year.
 2. Applicant shall agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.
 3. Applicant shall agree to implement Year 2005 American Heart Association ECC and CPR Guidelines.
 4. Applicant shall submit resumes for the Program Director and the Clinical Director.
 5. Educational Staff Requirements:
Nothing shall preclude one person from filling more than one position.
 - a. Program Director
 - 1) Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. The following are

examples of courses that meet the required instruction in teaching methodology:

- a) California State Fire Marshal Fire Instructor 1A and 1B or
 - b) National Fire Academy "Fire Service Instructional Methodology" course or equivalent, or;
 - c) Training programs that meet the US DOT/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
 - d) Individuals with equivalent experience may be provisionally approved for up to two years by the Agency pending completion of the above specified requirements.
- b. Clinical Director
- 1) Must be either a physician, registered nurse, physician assistant, or paramedic currently licensed in California and shall have two years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five years.
- c. CE Provider Instructors
- 1) Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.
6. Application Receipt Process
- Upon receipt of a complete application packet, the Agency will notify the applicant within fourteen business days that;
- a. The request for approval has been received.
 - b. The request does or does not contain all required information.
 - c. What information, if any, is missing

7. Program Approval Time Frames
 - a. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within sixty calendar days, after receipt of all required documentation.
 - b. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - c. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
8. Withdrawal of Program Approval
 - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by the Agency.
 - b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.
- B. Program Review and Reporting
 1. All program materials are subject to periodic review by the Agency.
 2. All programs are subject to periodic on-site evaluation by the Agency.
 3. The Agency shall be advised of any program changes in course content, hours of instruction, or instructional staff.
 4. Records shall be maintained by the CEP for four years and shall contain the following:
 - a. Complete outlines for each course given, including brief overview, instructional objectives, outline, evaluations, and record of participant performance;
 - b. Record of time, place, and date each course is given and number of CE hours granted;
 - c. A curriculum vitae or resume for each instructor;
 - d. A roster of course participants (instructor based courses must have course participants sign roster)

5. Approved programs shall issue a tamper resistant Course Completion Certificate to each student who attends a continuing education course within 30 days of completion. This certificate shall include:
 - a. Student full legal name.
 - b. Certificate or license number
 - b. The date the course was completed
 - c. The name of the course completed
 - d. The name and signature of the Instructor or Program Director.
 - e. The name and address of the CE Provider.
 - f. Course completion document must contain the following statement with the appropriate information filled in. "This course has been approved for (number) of hours of continuing education by an approved California EMS CE Provider and was (check one) instructor based or non instructor based." It also must have your C.E. provider number on it.
 - g. The following statement in bold print:

"This document must be maintained for no less than four years"
 6. For the initial six months of CE program approval, the CE Provider shall submit a lecture approval form to the EMS Agency prior to offering a course. After the initial six month period, the CE Provider shall approve and maintain their own records subject to review by the EMS Agency.
 7. A Continuing Education Roster shall be completed for every course offered by the CEP. This roster shall be maintained by the CEP and subject to review by the Agency.

However, a copy of the Continuing Education roster for all required Ventura County CE programs (EMS Update, Skills testing, etc) shall be submitted to the Agency immediately after the completion of the program.
 8. Each CEP shall provide an annual report to the Agency, within 45 days of year end, detailing the names of the courses, times, number of hours awarded, and participants. A form will be provided by the EMS Agency.
- C. Application for Renewal
1. The CEP shall submit an application for renewal at least sixty calendar days before the expiration date of their CE provider approval in order to maintain continuous approval.
 2. All CE provider requirements shall be met and maintained for renewal as specified in VCEMS Policy 1130 and CCR, Title 22, Division 9, Chapter 11.

Ventura County Emergency Medical Services Agency Continuing Education Provider

APPROVAL REQUEST

General Information

Program/Agency Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Date Submitted: _____ Status Requested: BLS ALS

Requirements

(All items below refer to Ventura County EMS Policy 1130 and Title 22 Regulations)

1. Program Eligibility

<p>Eligible Programs</p> <ul style="list-style-type: none"> Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc) 	<p>Name of Program</p>
Written request for CEP Approval	<input type="checkbox"/> Attached
Submit resumes for Program Director and Clinical Coordinator	<input type="checkbox"/> Attached
If you will be offering CPR, state what organization will provide certification (AHA or ARC)	<input type="checkbox"/> AHA <input type="checkbox"/> ARC
Our organization verifies that we have implemented the Year 2005 American Heart Association ECC and CPR Guidelines.	Signature: _____

2. Program Administration and Staff

<p>Program Director</p> <ul style="list-style-type: none"> Shall be qualified by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology as described in Policy 1130, Section IV.A.5.a.1). Include current CV, resume, and copies of certifications/licensures. 	<p>Name of Program Director:</p>
---	----------------------------------



<p>Clinical Director</p> <ul style="list-style-type: none"> • Two years experience in emergency medicine or prehospital care in the past five years. • Currently licensed CA MD, RN, PA, or paramedic. • Include current CV, resume, and copies of certifications/licensures. 	<p>Name of Clinical Director:</p>
<p>CE Provider Instructor(s)</p> <ul style="list-style-type: none"> • Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity. 	<p>Name(s) of CE Provider Instructor(s):</p>

3. CE Records and Quality Improvement

<p>Agree to maintain all continuing education records for a minimum of four years.</p>	<p>Signature: _____</p>
<p>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</p>	<p>Signature: _____</p>
<p>Course Completion Certificate/Record</p> <ul style="list-style-type: none"> • Provide a copy of the Course Completion Certificate/Record that will be issued upon completion of each session. Course completion shall state whether the course was instructor or nor instructor based. 	<p><input type="checkbox"/> Attached</p>

VCEMS Office Use Only

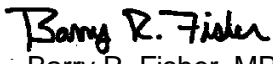

<p>All Requirements Submitted:</p>	<p>Date:</p>
<p>CEP Application Approved:</p>	<p>Date:</p>
<p>Approval Letter Sent:</p>	<p>Date:</p>
<p>Re-Approval Due:</p>	<p>Date:</p>
<p> </p>	<p> </p>
<p>Signature of person approving CEP</p>	<p>Date</p>
<p> </p>	<p> </p>
<p>Typed or printed name</p>	<p> </p>

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education - Field Care Audit		Policy Number 1131	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	August 1, 1094	Effective Date:	December 1, 2008
Date Revised:	February 9, 2006		
Date Last Reviewed:	August 14, 2008		
Next Review Date:	August, 2011		

- I. **PURPOSE:** The Field Care Audit is an important component of the continuing education of prehospital personnel, and is a vital tool in evaluating the effectiveness of mobile intensive care. These regular reviews allow team members the opportunity to critique their own performance, as well as the performance of others. In addition, the review allows all members of the EMS team the opportunity to exchange ideas and opinions on the management of patient calls, thus improving the interpersonal relationships and promoting appropriate communication patterns.
Implementation of the Field Care Audit guidelines will provide a structured session with the group dynamics important in the tape critique process and will enhance the prehospital education experience.
- II. **AUTHORITY:** California Code of Regulations, Title XXII, Division 9, Chapter II, 100390.
- III. **POLICY:** Each Base Hospital shall provide at least one (1) hour of field care audit per month.
- IV. **PROCEDURE:**
 - A. All Field Care Audits shall be conducted by a Prehospital Care Coordinator (PCC).
 - B. Field Care Audits shall be a minimum of one (1) hour and a maximum of four (4) hours.
 - C. When conducting a field care audit, the following guidelines should be utilized:
 1. Field Care Audits shall have a minimum of three (3) persons in attendance, one whom shall be a PCC.
 2. Tapes should be reviewed to determine educational value before they are presented at a formal Field Care Audit session. A tape which is

specifically requested by prehospital personnel should be presented at a field care audit as soon as possible.

3. All personnel involved in a response to be discussed at a Field Care Audit should be contacted directly and encouraged to attend the review, if possible. It is appropriate to include didactic instructions as part of a tape critique program when a specific problem needs to be clarified.
4. A continuing education attendance roster shall be made for each Field Care Audit. Each prehospital personnel shall sign and print his/her name. The Ventura County Certification/authorization or paramedic's State license number shall be filled in.
5. An evaluation form shall be completed by each attendee for each hour of Field Care Audit that is provided. The Base Hospital conducting the Field Care Audit shall retain the attendance roster. A CE Certificate will be provided for each hour of Field Care Audit provided, to each attendee.
6. Fifty (50) percent of required Field Care Audit hours shall be attended in Ventura County for Ventura County certified prehospital personnel.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Continuing Education Attendance Roster		Policy Number 1132	
APPROVED: Administration:	 Barry R. Fisher, MPPA	Date: December 1, 2008	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: December 1, 2008	
Origination Date:	January 1, 1993	Effective Date:	December 1, 2008
Date Revised:	March 9, 2006		
Date Last Reviewed:	August 14, 2008		
Review Date:	August, 2011		

- I. PURPOSE: To define the use of a continuing education attendance roster.
- II. AUTHORITY: Health and Safety Code 1797.208, and California Code of Regulations, Division 9, Chapter 11.
- II. POLICY: A continuing education attendance roster shall be completed for all approved lectures or field care audits.
- III. PROCEDURE:

The form will be completed by an approved continuing education provider. The attendance roster will be retained by the approved continuing education provider for a minimum of four years.

 - A. The following information will be completed by the sponsoring agency or designated liaison:
 1. Sponsoring agency name (Base Hospital, CE Provider, etc.)
 2. Lecture Title - . Name of program/lectures, or field care audit
 3. Lecturer(s):
 - a. Name of person(s) presenting lecture, including title(s), or
 - b. Name of person presenting field care audit
 4. Date
 5. Hours approved for CE presentation
 6. Instructor or non instructor based
 7. Continuing education provider number
 - B. The MICN, Paramedic or EMT name, employer, and certification number will be entered on the attendance roster by each MICN/ Paramedic or EMT. Each MICN, Paramedic or EMT shall sign his/her name.

- C. The roster for continuing education, which is mandatory (i.e., EMS update, paramedic skills refresher, airway lab refresher) shall be faxed to the EMS Agency within 24 hours of completion by the sponsoring agency.